

**DO NOT
STAPLE**

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-725-0378 • Fax: 360-664-4250 • E-mail: charities@sos.wa.gov

**SUPPLEMENTAL SOLICITATION REPORT
(CHARITABLE ORGANIZATION)**

FEE: \$10.00

Make fees payable to "State of Washington"

Check here to request **EXPEDITED MAIL SERVICE** (*optional*). If checked, please enclose an additional **\$20** fee.

PLEASE USE THIS FORM TO (check one):

- Report financial information that is not included in the organization's registration documents (e.g. multiple years)
- Correct the financial information reported on registration documents or to amend a previous submission
- Report financial information reflecting a change in fiscal or accounting year
- Submit a FINAL REPORT upon termination of fundraising activities in Washington State

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted.
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind form or attachments.**

Organization's Full Legal Name:	Registration Number:
SECTION 1 - FINANCIAL INFORMATION	
FEDERAL TAX RETURN INFORMATION	
Did/will the organization submit a Federal tax return to the Internal Revenue Service for the fiscal/accounting year reported below? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check type of return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990 EZ <input type="checkbox"/> Form 990PF <input type="checkbox"/> 990-T <input type="checkbox"/> 1120 <input type="checkbox"/> Other: _____ (describe)	
If no, check reason: <input type="checkbox"/> Church/church-affiliated <input type="checkbox"/> Government-affiliated <input type="checkbox"/> Covered by group return <input type="checkbox"/> Annual gross receipts less than \$25,000 <input type="checkbox"/> Organization not tax-exempt <input type="checkbox"/> Other (describe): _____	
REQUIRED ATTACHMENT	
If the organization has/will file an IRS Form 990, 990EZ or 990PF with the Internal Revenue Service for the fiscal/accounting year reported below...a complete copy of the tax return MUST be provided with this report. Be sure to include Schedule A and all attachments except contributor lists/Schedule B. Do not attach the organization's bank statements or annual report. DO NOT staple or bind Form 990, 990EZ or 990PF, Schedule A, or their attachments.	
NOTE: If the organization's tax return for the fiscal/accounting year reported below has not yet been completed, please contact our office for instructions. DO NOT submit the Supplemental Solicitation Report or filing fee without a copy of the Form 990, 990EZ or 990PF.	
SOLICITATION REPORT	
Please supply fiscal/accounting beginning/ending dates and complete line items 1 - 8 (REQUIRED)	
<i>Suggested guidelines for completing the Solicitation Report using the organization's federal tax return can be obtained at http://www.secstate.wa.gov/charities/charities_forms.aspx or by contacting the Charities Program directly.</i>	
Fiscal/accounting year begin date: (Mo/Day/Year)	Fiscal/accounting year end date: (Mo/Day/Year)
1. The total gross dollar value of all contributions received from solicitations: "Solicitations" include, but are not limited to, special events, sale of inventory, and amounts collected on behalf of the charitable organization by a commercial fundraiser or commercial coventurer.	\$
2. The total gross dollar value of revenue from all other sources (not the result of a solicitation):	+ \$

